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## OVERVIEW

The Family Incentive Grant (FIG) is funding allocated by the legislature to support foster parents licensed by the Division of Child Welfare Licensing (DCWL), prospective foster parents enrolled by DCWL, and unlicensed relatives or unrelated caregivers with placement. Appropriate expenditures include home improvement purchases or services required to meet DCWL licensing standards, reimbursement for physical exams required for foster family applicants, and items needed to ensure child safety.

FIG reimbursement is available to all public and private foster care child placing agencies and their providers on a *first come, first-served* basis and priority is given to relatives. Once FIG funds are exhausted, the reimbursement of payments to facilitate licensing will end.

## ELIGIBLE PURCHASES AND SERVICES

FIG funds can only be used to assist with a home improvement purchase or service to facilitate the initial licensure of a foster home, to correct a DCWL licensing non-compliance standard (licensed homes only), address a safety concern, or for payment for the required physical exam for the licensing applicant(s).

Funding is available for relatives and unrelated caregivers with placement regardless of licensing status.

Examples of eligible purchases and services include but are not limited to:

- Egress windows.
- Home repair and structural concerns.
- Mold remediation.
- Well and septic repairs, replacement, and required permits or pumping.
- Appliances and appliance repair.
- Car seats.
- Cribs and beds.

- Plumbing repairs.
- Extermination services.
- Removal of bars on windows and replacement with locking window bars.
- Furnace installation or repair.
- Interior and exterior doors.
- Medically necessary items, such as, air purifier, wheelchair ramp, air conditioner, or vehicle modification.
- Lock boxes and gun safes.
- Items needed for appropriate child proofing, such as, outlet covers, cabinet locks, or gates.

Approved home improvements requests over \$500 may require the family to contribute up to 50% of the total cost.

### **Beds, Mattresses, Cribs**

Reimbursement for beds, mattresses, and cribs is limited to relatives with placement and unrelated licensed foster parents if the purpose is to reunite sibling or take a sibling group.

**Note:** FIG provides reimbursement for eligible expenditures and is not intended to provide emergency funding. Other emergency funding sources should be pursued prior to requesting FIG funds.

### **Egress Windows**

Reimbursement for egress windows is limited to requests for a bedroom in the basement. The exception request must support the need to have a bedroom in the basement.

### **INELIGIBLE EXPENDITURES**

The following items are **not** allowable expenses for FIG funds:

- Vehicles.
- Rent or mortgage payments.

- Interpretation fees.
- Items for a caregiver's other family/household members.
- Labor costs for unlicensed services providers.
- Pre-owned items.
- Items not related to child safety or licensing rule compliance, such as replacement of dirty or worn carpet, clothing, toiletries, and other personal items.

FIG provides reimbursement for eligible expenditures- and is not intended to provide emergency funding. Payment vouchers submitted for ineligible items will be denied reimbursement for the ineligible expenditure amount.

## APPLICATION PROCESS

A completed MDHHS-5829, Family Incentive Grant (FIG) and Unlicensed Relative Caregiver Funding, and supporting documentation for all FIG requests must be submitted by email to [MDHHS-FIG Mailbox \(MDHHS-FIG@mdhhs.gov\)](mailto:MDHHS-FIG-Mailbox@mdhhs.gov) with the following information in the subject line:

Family Last Name/Michigan Department of Health and Human Services (MDHHS) County Office or Placing Agency Name/FIG Request.

A response will be sent by return email within 7-10 business days.

## SUPERVISOR OVERSIGHT

Oversight by foster care/licensing supervisors is required to ensure the appropriate use of funds, including verification that an expenditure is eligible for FIG reimbursement. It is important to ensure that relatives being licensed will be caring for children over a time-period that warrants the expenditure.

## RECEIPTS

Verifiable receipts with a legible date of purchase or service are required for reimbursement. Written estimates cannot be used as receipts. Receipts must reflect appropriate purchases or services within the current fiscal year. Items not essential to the home repair

project on the receipts are excluded from the reimbursement total. All verifiable receipts must document the total cost for the expenditure or service has been paid in full and clearly indicate that the balance due is zero.

### **Physical/Medical Exams**

For reimbursement for physical/medical exams, receipts from a physician's office or medical clinic must include the full name of the foster care licensing applicant. In addition, documentation must be provided that states a physical/medical exam for each foster parent applicant was conducted at the physician's office or medical clinic.

## **REQUESTS FOR REIMBURSEMENT**

All requests for reimbursements must include the vendor's name, SIGMA vendor ID number and address code, supporting documentation for FIG reimbursement, including attachment of the approved MDHHS-5829 to the [MDHHS-FIG Mailbox \(MDHHS-FIG@michigan.gov\)](mailto:MDHHS-FIG@michigan.gov).

### **MDHHS Supervised Cases**

A copy of the receipt or billing statement indicating the total cost must be included with the request for reimbursement.

### **Private Child Placing Agency Supervised Cases**

Private child placing agencies that choose to first reimburse the caregiver or service provider will then submit the payment documentation to the [MDHHS-FIG Mailbox \(MDHHS-FIG@michigan.gov\)](mailto:MDHHS-FIG@michigan.gov) for reimbursement to their agency.

The following supporting documentation must be included with the request:

- Copy of the check reimbursing the caregiver or paying the service provider.
- Copy of receipt or billing statement indicating the total cost.

The agency invoice should be on agency letterhead billing MDHHS for the amount indicated on the receipt. The agency invoice must include:

- Full name of the foster parent(s).
- Item/service expenditure.
- Total dollar amount. Receipt(s) must match the total amount approved.

**Note:** The private child placing agency can request payment be made directly to the service provider. In these cases, agencies must follow the instructions for MDHHS cases.

## SUBMITTING REIMBURSEMENT REQUESTS

Reimbursement requests, including all required documentation, must be submitted by email to [MDHHS-FIG Mailbox \(MDHHS-FIG@michigan.gov\)](mailto:MDHHS-FIG@michigan.gov) with the following information in the subject line:

Family Last Name/Michigan Department of Health and Human Services (MDHHS) County Office or Placing Agency Name.

## STATEWIDE INTEGRATED GOVERNMENTAL MANAGEMENT APPLICATION (SIGMA)

Payees/vendors must be enrolled on [SIGMA Vendor Self Service \(VSS\)](#). For Further Assistance regarding SIGMA visit [www.Michigan.gov/SIGMAVSS](http://www.Michigan.gov/SIGMAVSS) or call 888-734-9749.

## WHEN REIMBURSEMENT IS NO LONGER NEEDED

When FIG reimbursement requests have been approved but will not be used, caseworkers must send an email to [MDHHS-FIG Mailbox \(MDHHS-FIG@michigan.gov\)](mailto:MDHHS-FIG@michigan.gov) to withdraw the request so the funds can be used by other families.

**LEGAL AUTHORITY****2021 PA 87, Section 574(1)****POLICY CONTACT**

Questions about this policy item may be directed to the [MDHHS-FIG Mailbox \(MDHHS-FIG@michigan.gov\)](mailto:MDHHS-FIG@michigan.gov).